

# TOWN OF LAC DU FLAMBEAU ZONING PERMIT APPLICATION

P.O. BOX 68, LAC DU FLAMBEAU, WI 54538

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OFFICE USE ONLY

COMPUTER # \_\_\_\_\_

PERMIT # \_\_\_\_\_

## **\*COMPLETE ENTIRE PERMIT IN INK - NO COPIES OR FAXES WILL BE ACCEPTED\***

TO THE ZONING ADMINISTRATOR: The undersigned owner hereby applies for a permit as herein described to be located on this property described on this application and attachment(s). Upon approval, the owner agrees that all structures and all work performed on this property will conform to or exceed the minimum requirements as prescribed in the Town of Lac du Flambeau Zoning Ordinance and all other applicable local ordinances of the Town of Lac Du Flambeau in addition to all other codes and laws of Vilas County and the State of Wisconsin. Upon approval of this application, the owner agrees that should a violation be found by the Zoning Administrator, said violation from the date of notification will, within 30 days or less, be corrected at the owner's expense: Otherwise each day thereafter shall constitute a distinct and separate violation. The Zoning Administrator shall have access to the premises or property and exercise duties at reasonable hours. Permit will expire one year from approval if described work is not commenced.

### **PROPERTY OWNER INFORMATION**

Owner's Name (PRINT) _____	Agent's Name _____
Mailing Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____
Owner's Signature _____ ORIGINAL REQUIRED	Agent's Signature _____ REQUIRED IF OBTAINING PERMIT FOR OWNER
DATE _____	

### **\*\*\*AGENTS AND CONTRACTORS\*\*\***

INITIAL \_\_\_\_\_ FOR PROOF OF 'DWELLING CONTRACTOR CERTIFICATION' AND 'DWELLING CONTRACTOR QUALIFIER CERTIFICATION' PROVIDED IS AN OVERSIZED LOAD PERMIT NEEDED FOR EQUIPMENT OR MATERIALS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, TOWN CHAIRMAN TO BE NOTIFIED

### **PROPERTY INFORMATION**

Waterbody _____	Zoning District _____	COMPUTER NUMBER _____
Sub. Div./Condo Name _____	Recorded Date _____	
Govt. Lot # _____ or ¼ _____ ¼ _____; Section _____, Town _____ N, Range _____ E, Lot # _____		
Lot Size _____ x _____ x _____, Sq. Ft. _____ or Acreage _____		
Property Address _____		
Directions _____		

### **OFFICE USE ONLY**

Permit Fee \$ \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

Signed \_\_\_\_\_ Permit Number # \_\_\_\_\_

LDF ZONING ADMINISTRATOR

Reason for Denial \_\_\_\_\_

REMARKS/ADDITIONAL REQUIREMENTS \_\_\_\_\_

### **\*\*\*OTHER COUNTY (715-479-3620) AND/OR STATE PERMITS MAY BE REQUIRED\*\*\***

UNDER PENALTY OF LAW, NO CONSTRUCTION IS TO BEGIN UNTIL PERMIT HAS BEEN APPROVED AND CARD HAS BEEN POSTED AT THE ENTRANCE TO THE PROPERTY. (THIS INCLUDES NO MOVEMENT OF EARTH) YOU MAY APPEAL A DECISION OF THE ZONING ADMINISTRATOR OR THE ZONING COMMITTEE WITHIN 30 DAYS TO THE BOARD OF APPEALS.

## PROJECT DESCRIPTION

IDENTIFY EACH INDIVIDUAL STRUCTURE AND STORY I.E., PORCH, DECK, PATIO, GARAGE, BASEMENT, MAIN, LOFT, ETC.  
FEE IS .10 CENTS A SQUARE FOOT - MINIMUM FEE \$75. PERMIT FEE (DOUBLE FEE IF PROJECT IS STARTED PRIOR TO OBTAINING PERMIT)

Proposed Structures	Dimensions	Square Feet	Peak Height
#1 _____	_____ x _____	_____ sq. ft.	_____
#2 _____	_____ x _____	_____ sq. ft.	_____
#3 _____	_____ x _____	_____ sq. ft.	_____
#4 _____	_____ x _____	_____ sq. ft.	_____
#5 _____	_____ x _____	_____ sq. ft.	_____
#6 _____	_____ x _____	_____ sq. ft.	_____
#7 _____	_____ x _____	_____ sq. ft.	_____
#8 _____	_____ x _____	_____ sq. ft.	_____
#9 _____	_____ x _____	_____ sq. ft.	_____
#10 _____	_____ x _____	_____ sq. ft.	_____
#11 _____	_____ x _____	_____ sq. ft.	_____
#12 _____	_____ x _____	_____ sq. ft.	_____
		Total _____ sq. ft.	

Written Description of Project: (If a demolition, List: contractor, starting and ending date, and location and manner of disposal of site materials. When a structure is demolished or removed, applicant agrees that all sanitary sewer, storm sewer and water supply connections shall be sealed and plugged in a safe manner). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BUILDING PROJECT AND CONTRACTOR INFORMATION

Building Contractor _____	Address _____	Phone _____
Exterior Plumber _____	Address _____	Phone _____
Sanitary Permit Number _____	WI UDC Permit Number _____	Project Cost \$ _____
Water Well _____ Y/N	Installer _____	Address _____ Phone _____
No. of New Bedrooms _____	No. of New Bathrooms _____	Stories _____ Start of Construction Date _____
Port-A-John Supplier _____	Phone _____	

**WETLAND INFORMATION:** You are responsible for complying with State and Federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetland identification page <http://dnr.wi.gov/wetlands/locating.html> or contact a Department of Natural Resources Service Center.

### SITE PLAN REQUIREMENTS

**ATTACH A SEPARATE SHEET OF PAPER AND INCLUDE ALL OF THE FOLLOWING INFORMATION:**

1. DRAW LOT AND LOT LINE DIMENSIONS
2. LOCATION AND NAME OF WATERBODY, INDICATE WETLANDS
3. LOCATION, SETBACKS AND DIMENSIONS OF ALL EXISTING AND PROPOSED STRUCTURES
4. LOCATION, SETBACKS AND DIMENSIONS OF DRIVEWAY
5. LOCATION AND NAME OF BORDERING ROAD(S)
6. LOCATION OF WELL, SEPTIC TANK AND DRAINFIELD AND SETBACKS TO EXISTING AND PROPOSED STRUCTURES
7. INDICATE ALL DISTANCES IN FEET AND INDICATE NORTH